

## **SECTION SEVEN IN-HOME SERVICES**

### **IN-HOME SERVICE REQUIREMENTS**

#### **A. Scope of Services**

These services include but are not limited to services identified in the Permanency Plan as necessary to achieve permanency and stability for the child and family. The services may be provided in the child's/youth's home, or identified permanency person's home, with the support and services necessary, at the intensity level required for the child/youth and family to be successfully unified.

#### **B. Admissions/Clinical Services**

The Child and Family Team determines the appropriateness and the timing of child's move to his/her permanency family for in-home services.

1. For children moving to in-home placements, a child and family team meeting must occur no less than at the following intervals:
  - a. prior to transition to in-home placement
  - b. between 30 and 45 days following transition
  - c. as determined by the CFT for ongoing evaluation and planning
  - d. at critical decision-making events for the child and family
  - e. prior to discharge from services
2. An essential component of in-home services is the face-to-face support, counseling and coordination with the child and family. Contact must support the family dynamic. Required contact may be with the parent only, child only or together and should focus on:
  - a. relationship building
  - b. on-going evaluation of strengths
  - c. assessment of barriers with interventions, and
  - d. evaluation of goals established by the CFT
3. Minimum requirements for intensive in-home services are as follows:
  - a. initial face-to-face visit must be within 48 hours of placement
  - b. three face-to-face sessions per week for the first month and then 2 per week, or as specifically outlined and determined, and documented as a result of a child and family team meeting
  - c. staff providing services must meet all minimum requirements for education, training, and supervision as family services worker, as outlined in Provider Policy Manual (Core Standards, Personnel Requirements)
  - d. services must be flexible and meet the needs and schedule of the child and family as determined in child and family team meetings
  - e. staff availability for 24/7 on-call crisis response
  - f. family dynamics must be addressed and services outlined in the treatment plan as appropriate for the family.

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**C. Personnel Ratio**

Agencies will comply with Core Standards where applicable.

**D. Resource Parent Training**

Agencies will comply with Core Standards where applicable.

**E. Individualized Treatment Plans**

Agencies will use Core Standards. The provider must develop a specific treatment plan for in-home services in coordination with the Child and Family Team. The plan must specify goals, action steps, intensity, and frequency of intervention with anticipated time frames to meet the goals.

**F. Service Overview**

1. The anticipated length of service provision will be determined by the CFT at the meeting prior to transition to in-home services and reviewed following transition.
2. The provider must provide in-home services for the length of time specified based upon these determinations.
3. Services may be anticipated to continue for a period of four (4) months but may end prior to this time frame, as determined by the unique needs of the child and family as determined by the CFT.
4. There may be up to two extensions of one to three months each, if approved by a CFTM.
5. While the child remains in care (in custody), DCS will convene the Child and Family Team Meetings. When the child is released from custody, the provider will be responsible for convening the meetings.
6. Providers work in conjunction with the DCS family services worker in order to acquire covered goods or services through flex funding to meet needs not in the scope of services.

**G. Service to the Child/Youth**

See Service to the Permanency Family, below. The services are integrated.

**H. Service to the Permanency Family**

Services to the permanency family are defined by the CFTM and the assessment of needs. Services may include but are not limited to

1. assessment of family strengths and service needs
2. parenting training and mentoring
3. effective relationship intervention and counseling
4. marital relationship counseling
5. family roles and responsibilities
6. safety planning
7. financial/budgeting/household management
8. collaboration with other systems that impact the child
9. school communication monitoring/liaison
10. pro-social peer group

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11. EPSDT/ health coordination
12. medication management coordination and education
13. substance abuse assessment education and intervention
14. extended informal community support services
15. formal community support services
16. disruption prevention
17. behavior intervention
18. domestic violence issues and intervention
19. setting appropriate and healthy boundaries

**I. Service to the Resource Family**

See Core Standards for Standard Foster Care Service, if applicable.

**J. Education of the Child/Youth**

See Core Standards for Contract Program Requirements

**K. Documentation and Utilization Review**

1. The provider shall submit a report specifying the date of face-to-face visits, counseling sessions, visits, the services provided in the visits, and other coordinated services provided and progress toward all treatment goals during the time a child is in an in-home setting. These reports must be submitted to DCS on a monthly basis, or as requested by Departmental staff.
2. The provider must provide face-to-face visitation pursuant to the department's face-to-face visitation schedule (consistent with Brian A.) regardless of in-home services or the specifications as otherwise set out in the treatment plan.
3. If the services are not provided at the intensity level required by the child and family team, the department shall conduct a service review.
4. The review may determine that the service will be discontinued, or may determine that the provider shall continue to provide the intensive in-home services as contractually specified, with increased reporting/monitoring to ensure service delivery.

**L. Discharge Planning**

Discharge plans will be determined through the CFT. The team will decide when the child has successfully achieved permanency and when the transition best meets the needs of the child and family.

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